

**Utah Department of health
TB Control / Refugee Health Program
DRUG INVENTORY / ORDER MONTHLY REPORT**

Month: _____

Pharmacy Name: _____

Inventory **9**

Pharmacy Address: _____

Reorder **9**

Contact Person: _____

Drug	# Prescriptions	Inventory	Expiration Date	Reorder Quantity	Size / Amount
INH 100 mg					100 tabs
INH 300 mg					1000 tabs
INH Syrup					480 ml
Ethambutol 100 mg					100 tabs
Ethambutol 400 mg					100 tabs
Rifadin 100 mg					60 tabs
Rifadin 300 mg					60 tabs
Rifamate 300 mg					60 tabs
Pyrazinamide 100 mg					100 tabs
Other (List)					

Send Original to: Utah Department of Health, Refugee Health Program, Box 142105, SLC UT 84114-2105
(801) 538-6224 Fax: (801) 538-9913

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